

# FIRST STEPS DATABASE

## POSTPARTUM FAMILY PLANNING SERVICES

Laurie Cawthon, M.D., M.P.H.  
Research and Data Analysis  
Department of Social and Health Services

July 2001  
Report Number 9.60  
Olympia, Washington 98504-5204

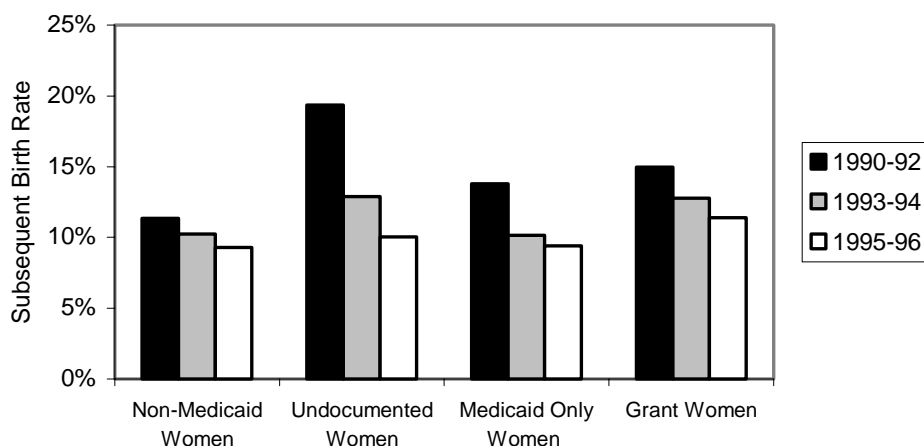
Adequate spacing between pregnancies improves the health and well-being of mothers and their children. A pregnancy that occurs very soon after a prior birth is likely to be unintended (i.e., described by the mother as either mistimed or unwanted at the time of conception). Women who wait 18 to 23 months after delivery before conceiving their next child lower their risk of poor birth outcomes, including low birth weight, preterm birth, and small for gestational age.

In Washington State, low-income pregnant women and new mothers receive counseling about achieving their desired family size, and assistance with family planning services. Since July 2000, First Steps' Maternity Support Services providers have been responsible for discussing pregnancy planning with each client and determining if she has initiated a contraceptive method.

Pregnant women with family incomes up to 185 percent of the Federal Poverty Level are eligible for medical coverage through Medicaid. However, the federal Medicaid program covers these women for only two months postpartum. In September 1993, Washington State extended "family planning only" services to one year beyond delivery (ten additional months) for low-income women eligible for Medicaid maternity services because of pregnancy (Medicaid Only Women) and for women only eligible for labor and delivery services (Undocumented Women).

This report describes changes in birth spacing and postpartum use of family planning services after the extension of family planning services.

Rate of Subsequent Births Within Two Years For Washington Women

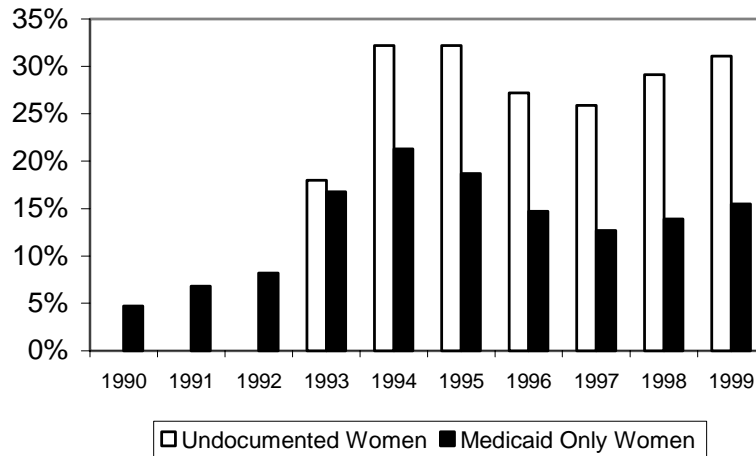


- The rate of subsequent births within two years has decreased by nearly one-fourth (23%) for all Washington women. For women who gave birth in 1990-92, 12.6% had another birth within two years. For women who gave birth in 1995-96, that rate decreased to 9.7%.
- The largest decrease in subsequent birth rate occurred among undocumented women. Among these women, the subsequent birth rate decreased from 19.3% for births in 1990-92 to 10.0% in 1995-96. This represents a decrease of nearly one-half in the rate of subsequent births.

After Washington's extension of family planning services in 1993, many Medicaid Only women and undocumented women received state-funded family planning services after delivery. Most

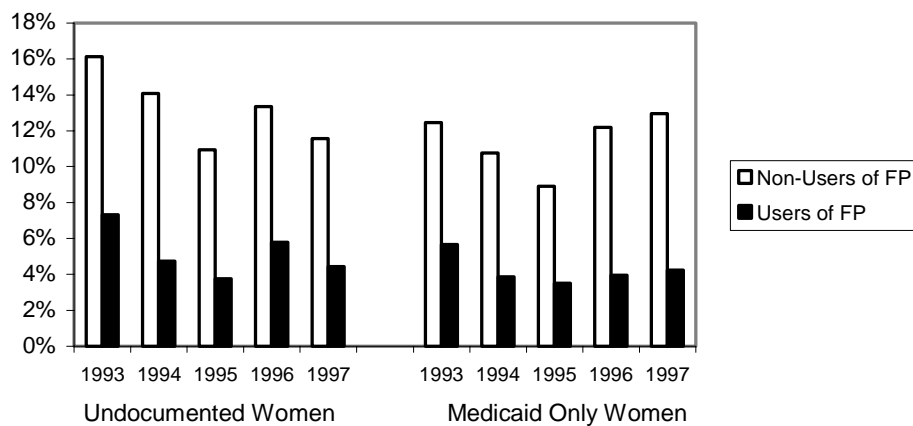
undocumented women receive maternity care at community clinics. These clinics offer community-based, culturally appropriate services and make special efforts to provide continued access to family planning services in the postpartum period. Medicaid Only women are less well connected to such a coordinated service delivery system, and this difference may explain the lower rate of use of family planning services by Medicaid Only women (as shown below).

Proportion of Eligible Women Who Received Fee-For-Service Family Planning Services



- After 1993 when the family planning extension began, nearly one-third of undocumented women (1448/4652 with births in 1999) received family planning services in the twelve months after their delivery. During the same time, about one-sixth of Medicaid Only women (2402/15,504 with births in 1999) received family planning services.

Subsequent Birth Rates for Family Planning Service Users Versus Non-Users



- For both undocumented women and Medicaid Only women, the subsequent birth rate was two to three times greater for women who did not receive family planning services, compared to those who did. Just 4-5% of women who received family planning services in the first year after delivery had a subsequent birth within two years. For women who did not receive family planning services, the subsequent birth rate was about 12.5%.

Undocumented women in Washington—largely Hispanic, often unacculturated, and with little formal education—use family planning services more often than Medicaid Only women and demonstrate similar effectiveness in reducing closely-spaced subsequent births and improving birth spacing. Social and cultural factors related to birth rates are discussed in more detail in *CSO Profiles* (Report Number 9.56, available from DSHS Research and Data Analysis).